(202) 420-2232

	"FEE ADDRESS" INDICATION FORM				
Ma Cc P.(	ress to: 15top M Correspondence missioner for Patents . Box 1450 candria, VA 22313-1450	Fax to: 571-273-6500 - OR -			
	INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee surposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. When to check the first box below: If you have a Customer Number to represent the fee address. When to check the second box below: If you have no Customer Number (PTO/SB/125) must be stated fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.				
Fc the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.: 13 the address associated with:					
	Customer Number: 26,809				
OR The attached Request for Customer Number (PTO/SB/125) form.					
	PATENT NUMBER (If known) 7,067,894	APPLICATION NUMBER			
Co	ipleted by (check one): Applicant/Inventor	Le S			

Statement under 37 CFR 3.73(b) is enclosed. Requester's telephone number (Form PTO/SB/96) Assignee recorded at Reel \_\_\_\_\_ Frame \_\_\_\_ June 23, 2009 Date NC 'E: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit mu iple forms if more than one signature is required, see below\*.

1_	*Total of	1	forms are submitted.
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Assignee of record of the entire interest. See 37 CFR 3.71.